

CLAIMANT'S NAME Cindy Tuck				SSN OR EMPLOYEE NUMBER On file				DEPARTMENT Cal/EPA							
POSITION Undersecretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Secretary				INDEX NUMBER							
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS 1001 I Street, P.O. Box 2815				TELEPHONE NUMBER							
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95814					
(1) MONTH/YEAR Mar-10		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)					BREAK-FAST	LUNCH	O.T.,L/T, NC, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE TIME												MILES			AMT
3/21 1330		Sacramento - Sausalito								4.00	98.0	49.00		53.00	
3/22				205.00			18.00					0.00		223.00	
3/23				205.00				6.00				0.00		211.00	
3/24				205.00				6.00				0.00		211.00	
3/25 1530		Sausalito - Sacramento						6.00			98.0	49.00		55.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(10) SUBTOTALS				615.00	0.00	0.00	18.00	18.00	0.00	0.00	4.00	196.0	98.00	753.00	
CLAIM TOTAL												\$	753.00		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)															
Represented California at Environmental Council of The States Spring meeting, including Executive Committee meeting and all committee meetings.															
(12) NORMAL WORK HOURS		AGENCY ACCOUNTING OFFICE USE ONLY													
(13) PRIVATE VEHICLE LICENSE NO.															
(14) MILEAGE RATE CLAIMED \$ 0.500															
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER															
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.															
(16) CLAIMANT'S SIGNATURE <div></div>				DATE <div></div>		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <div></div>				DATE <div></div>					
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) <div></div>												DATE <div></div>			